



Los Angeles County Commission for Women



APPLICATION FOR DONATION

All requests for funds must be received 30 days prior to the next scheduled LACCW meeting (see attached meeting schedule). The requesting organization must provide the following information before consideration of a request.

Beverly Hills West Chapter of the Links, Inc.

Name of Organization

8306 Wilshire Blvd., #1033

Beverly Hills, CA 90211

Address

City, State

Zip

3232943077

NA

Telephone Number

FAX Number

Website Address

Karen Ragland Cole, MD

President

Contact Person

Title

3238101113

karencole md@msn.com

Cell (optional)

E-mail

Organizational Identification

(Non-profit status/tax I.D. number): 52-1170830

Mission of Organization (Purpose and Goals):

The Links, Incorporated is an international organization consisting of 12,800 women committed to Leadership, Friendship and Service. Our 274 chapters, located in 50 states, the District of Columbia, Germany, The Bahamas, and South Africa, have a mission of service.

OUR PURPOSE

To promote and engage in educational, civic and charitable activities

To enrich the lives of our members and the larger community as we engage in projects related to education goals

To provide service to our youth through engagement in educational, civic and cultural activities

To help women understand and assume educational, civic, cultural and philanthropic responsibilities locally and nationally

To foster international goodwill

To encourage cultural appreciation through the arts and to promote enriched inter-group relationships

To provide opportunities for the development of personal friendships among our members

History of Organization and Time of Existence:

The Beverly Hills West Chapter of The Links, Inc, chartered in 1985, undertakes many tasks and roles and celebrates many accomplishments. We have tutored and mentored youth and adults, fed and clothed the homeless, opened a library, built a school, provided scholarships and sponsored health summits. And yet as we look at the needs of the communities we serve, we realize there's much more work to be done and an important role for us to play. We serve 7 communities with a population of over 100,000 people. Our popular health summits, education forums, and training workshops allow us to share with women, children and families the importance of nutrition, fitness, heart health, and other critical issues devastating our communities today. Our goal is to eliminate the disparities one day at a time.

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WOMEN TAKE HEART

Listing of Board of Directors:

Karen Ragland Cole, MD, President; Evelyn Duckett, 1st Vice President/Membership Chair; Adell Walker, 2nd Vice President/Program Chair; Sherril Rieux, MD, Financial Secretary; Marion Johnson, MD, Treasurer; Susan Valdry, Secretary; Maia Walton, MD, Corresponding Secretary; Mary Davis, Historian/Archivist; Barbara Lake, Ph.D, Parliamentarian; Susie Williams, Chaplain

Event Information – Date/Time, Location and Target Number of Attendees:

Date/Time: May 2012

Location: NYD

Target Number of Attendees: 50 - 100

Event Information – Purpose and Goals:

* Event publicity materials may be included (optional)

Educate the public and increase awareness about issues central to the well being of African Americans and all people. Provide a positive approach to address critical youth issues and collaborate and partner with organizations/entities with similar goals and objectives

In what Los Angeles County District will this event take place?
(Please enter the district number)

2nd.

In what Los Angeles County District does your organization belong to?
(Please enter the district number)

2 & 3

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

Underserved, underrepresented African American women and women of African decent (but not limited to), ages 25 + in the SPA 4 and SPA 6 communities.

Specific Request (i.e. monetary contribution, use of LACCW's name or logo, access to mailing resources, and/or staff assistance)

\$750.00 is being requested for event support.

FROM :y B

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FAX NO. : 2994598

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How will this donation benefit the organization?

Print and electronic advertising

Have you received donation funds from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

No (☒) , this is the first time we received donation from LACCW.

Yes (☐) , we have received donation(s) from LACCW previously.

First Occasion:

Name of the Event WOMEN TAKE HEART

Date of the Event: May, 2012

Donation Amount: \$ 750.00

Second Occasion:

Name of the Event _____

Date of the Event: _____

Donation Amount: _____

Please send this form to:

Los Angeles County Commission for Women
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012
PH: 213-974-1455
FAX: 213-633-5102
www.laccw@bos.lacounty.gov

For CW Office Only.

(Yes ☐) (No ☐)

Place on Agenda:

Reason for not placing on agenda _____

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